



FAIR RENT COMMISSION

CITY OF HARTFORD
260 CONSTITUTION PLAZA – PLAZA LEVEL
HARTFORD, CT 06103

TENANT'S REQUEST FOR ASSISTANCE

CASE NO. _____

I am providing the following information in support of my complaint that the rental increase charged for my apartment is excessive, harsh, and unconscionable.

TENANT	
Name:	_____
Address:	_____
Apt. #:	Floor: <input type="checkbox"/> Left <input type="checkbox"/> Right
Zip Code:	_____
Phone:	_____
Email:	_____

LANDLORD	
Name:	_____
Address:	_____
City/State/Zip:	_____
Phone:	_____
Email:	_____

TENANT'S OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

GROSS INCOME FROM EMPLOYMENT: \$ _____ ☐ Week ☐ Bi-Weekly ☐ Per Month

OTHER GROSS INCOME: \$ _____ ☐ Week ☐ Bi-Weekly ☐ Per Month

SOURCE OF OTHER GROSS INCOME: _____

Landlord's proposed rent: \$ _____ Per: ☐ Day ☐ Week ☐ Month

Effective date: _____ Current rent: \$ _____

How long have you been a Resident of Hartford? _____ Years _____ Months

Do you currently have a written lease? ☐ Yes ☐ No If Yes, period of lease: From: _____ To: _____

Do you have a Section 8 Voucher or reside in a subsidized apartment? ☐ Yes ☐ No

When was the last month/year you paid rent? _____

Are you being evicted? ☐ Yes ☐ No If Yes, for what reason: _____

Do you pay **additional charges** (not included in the rent) for the following?

Garage: \$ _____ Surface Parking: \$ _____ Air Conditioning: \$ _____ Other: _____ \$ _____

NO. OF ADULTS IN THE HOUSEHOLD: _____

NO. OF FAMILIES IN THE HOUSEHOLD: _____

NO. OF MINORS IN THE HOUSEHOLD: _____

TOTAL PERSONS IN THE HOUSEHOLD: _____

NUMBER OF CHILDREN

	1	2	3	4	5	6	7	8	9	10
Age of Each Child										
Sex of Each Child										

TYPE OF STRUCTURE: ☐ Brick ☐ Wood ☐ Stucco ☐ Other: _____

Rent includes interior space of: _____ # of basic rooms and other spaces as follows:

- | | | |
|---|---|--|
| <input type="checkbox"/> Exclusive Kitchen | <input type="checkbox"/> Living Room | _____ No. Bedrooms |
| <input type="checkbox"/> Shared Kitchen | <input type="checkbox"/> Comb. LR/DR | _____ No. Closets |
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Den | <input type="checkbox"/> Basement Storage |
| <input type="checkbox"/> Dining | <input type="checkbox"/> Exclusive Bathroom | <input type="checkbox"/> Front Porch <input type="checkbox"/> Enclosed |
| <input type="checkbox"/> Comb. Kitchen/Dining | <input type="checkbox"/> Shared Bathroom | <input type="checkbox"/> Rear Porch <input type="checkbox"/> Enclosed |

RENT INCLUDES OTHER SPACES AND SERVICES AS FOLLOWS:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Garage | <input type="checkbox"/> Surface Parking | <input type="checkbox"/> Custodian on Premises |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Elevator Operator | <input type="checkbox"/> Doorman |

RENT ALSO INCLUDES:

- | | | | |
|--------------------------------|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Hot Water | <input type="checkbox"/> Gas | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Disposal | <input type="checkbox"/> Air Conditioning |

If rent includes furniture & furnishings, list all such items and condition thereof:

When rent was raised, what additional services or facilities were provided by landlord?

When rent was raised, did you complain to the landlord or his agent? ☐ Yes ☐ No

If Yes, when? _____ Explain results: _____

Does your apartment contain defects? (plumbing, heating, flooring, ceiling, walls, stairs, lighting, ventilation, etc.)

☐ Yes ☐ No If Yes, please briefly describe: _____

Has your apartment been inspected by a City of Hartford Housing Code Inspector? ☐ Yes ☐ No

If Yes, when was your apartment last inspected? _____

Please include any additional information:

I hereby affirm, under the penalties provided by law, that the information I have given is true to the best of my knowledge.

Tenants Signature

Date

Request Received By & Agency Name

Date

PLEASE ATTACH A COPY OF YOUR CURRENT LEASE OR RENT AMOUNT AND PROOF OF THE NEW PROPOSED RENT AMOUNT